

1123

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila BUREAU OF VITAL STATISTICS State Index No. 117

District of Globe ORIGINAL CERTIFICATE OF BIRTH Co. Registrar No. 453

Town of _____ Local Registrar's No. _____

or _____

City of Globe (No. 53 Cedar St. _____ Ward)

FULL NAME OF CHILD Lucille Fields { Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive X

Sex of Child <u>Female</u>	Twin, Triplet or other _____	and _____	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Sept. 19, 1921</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Wm. Ernest Fields</u>			Full Maiden Name <u>Ellen Bright</u>		
Residence <u>Globe</u>			Residence <u>Globe</u>		
Color or Race <u>White</u>	Age at last Birthday <u>24</u> (Years)		Color or Race <u>White</u>	Age at last Birthday <u>19</u> (Years)	
Birthplace <u>Phoenix, Arizona</u>			Birthplace <u>New Mexico</u>		
Occupation <u>Chaulfleur</u>			Occupation <u>Housewife</u>		
Number of Child of this mother <u>1</u>	Number of children of this mother now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

hereby certify that I attended the birth of the above child, and that it occurred on Sept. 19, 1921, at 2:34 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Clarence Gunter
(Attending physician, midwife, householder.)

Given or Christian name added from a _____ Address Globe

Supplemental report _____ 1921 Filed Sept 21 1921 B.G. J. a
LOCAL REGISTRAR.

362-919-523 A True Copy
COUNTY REGISTRAR. Filed Oct 5 1921 B.G. J. a
COUNTY REGISTRAR.